items 8,9: film G137 L 11/6/51

11316

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Somerset MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rt. 1 — LENGTH OF STAY (in this place) 6 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rt. 1 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Westover | STREET ADDRESS (If rural, give location) Westover |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | MARY | | CARDIA | Nov. | 7, | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | white | Widowed | 1870 1873 4/7 | 78 81 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| laborer | Garment Factory | Messina, Italy | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| unknown | unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Mrs. Mamie Cardia Bradshaw Rt. 1 Westover, Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Dil. of Heart Uremia | 1 week |
| 592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a | (b) Chronic Int. nephritis Chronic bronchitis | Years |
| | (c) | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: | Generalized arteriosclerosis | Years |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Nov 7, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Luigi Boselli M.D. | Princess St Md | |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Nov. 10, 1951 | Greenmount Cemetery | Hammonton, New Jersey |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 11-8-51 | Bertha W. Tyler (Mrs.) R. H. Johnson Jr. | H. Harvey Bradshaw, Crisfield, Md. 970-WW |

RECEIVED
NOV 1

11317

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marion R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Marion R.F.D.

3. NAME OF DECEASED (Type or Print) (First) LETHA (Middle) C. (Last) COULBOURN
4. DATE OF DEATH (Month) Nov. (Day) 12, (Year) 1951 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept.19,1891
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Pocomoke, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charlie Crockett
14. MOTHER'S MAIDEN NAME Ella Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Paul Coulbourn--Marion R.F.D.,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Disease. | 18 hrs |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Int reglate Chron upcondetis | 2 years |
| 131b | (c) Coronary Disease | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Embolic. July 30 1950

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1950, to Nov 12, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulbourn M.D. ADDRESS Marion Md DATE SIGNED Nov. 13, 51

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Nov.14,1951
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion, Maryland

DATE REC'D BY LOCAL REG. 11/13/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR H. Harvey Bradshaw, Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 19 1951
BUREAU V. S.

11318

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) Rural #1

3. NAME OF DECEASED (Type or Print) (First) Jefferson (Middle) W. (Last) Dryden
4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 20, 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Frank Dryden
14. MOTHER'S MAIDEN NAME Elizabeth Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. none
17. INFORMANT George F. Dryden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary disease | 3 weeks |
| 592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131b | (b) Chronic Quiet nephritis Chronic nephritis | 2 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION nor
19b. MAJOR FINDINGS OF OPERATION nor
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Nov 9, 1951, that I last saw the deceased alive on Nov. 9, 1951, and that death occurred at Nov 9 A.m., from the causes and on the date stated above.

SIGNATURE George C. Birch MD (Degree or title) ADDRESS Marion - Md DATE SIGNED 11/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/11/51
NAME OF CEMETERY OR CREMATORY Rehoboth Baptist Cem
LOCATION (City, town, or county) Rehoboth (State) Md.
DATE REC'D BY LOCAL REG. 11/10/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS

100-105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11319

# CERTIFICATE OF DEATH

Reg. Dist. No. 24-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ewell; STREET ADDRESS (If rural, give location) Smith Island

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) BENJAMIN (Last) EVANS, SR.

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 18, 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Crab & Oyster

11. BIRTHPLACE (State or foreign country): Ewell, Smith Island, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Evans

14. MOTHER'S MAIDEN NAME: Georgianna Pruitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ina M. Evans-- 16W. Main St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 days.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — yrs ?

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19 47, to Nov., 19 51, that I last saw the deceased alive on Nov 13, 19 51, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. G. Rawley M.D. ADDRESS: Crisfield, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: Nov. 15, 1951

NAME OF CEMETERY OR CREMATORY: Ewell Cemetery

LOCATION (City, town, or county) (State): Ewell, Maryland

DATE REC'D BY LOCAL REG.: 11 | 15 | 51

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: H. Harvey Bradshaw, Crisfield, Md.

910-126

RECEIVED
NOV 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ~~Volia~~ (Middle) Viola (Last) Grant

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1951

5. SEX: female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Not Know
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Canning factor
11. BIRTHPLACE (State or foreign country): Somerset
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rolly Curtis
14. MOTHER'S MAIDEN NAME: Martha Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Rolly Curtis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days

DUE TO

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Essential Hypertension — years

46 e DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of colon

19a. DATE OF OPERATION: ??
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1951, to 10/30, 1951, that I last saw the deceased alive on 10/30, 1951, and that death occurred at 11/1/51 6A m., from the causes and on the date stated above.

SIGNATURE Robert Calliott (DEGREE OR TITLE) M.D. ADDRESS Princess Anne, Md DATE SIGNED 11/5/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-6-51
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 11/6/51
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne Md

970-358

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

153+

RECEIVED
NOV 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc-Cready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Abram (Middle) L. (Last) Hardester

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 27, 1870

9. AGE last birthday: 81 yrs. — If under 1 year: Months 7 Days 28 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Paint Store

11. BIRTHPLACE (State or foreign country): Smith Island, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry R. Hardester

14. MOTHER'S MAIDEN NAME: Alice M. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Allen Hardester, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute dilatation Heart | 1 hr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Bronchial pneumonia | 1 wks. |
| 422.2 | (c) Chr. myocarditis | yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1951, to Nov. 25, 1951, that I last saw the deceased alive on Nov 25, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
O Rawley M.D. Crisfield Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 27, 1951 — NAME OF CEMETERY OR CREMATORY: Dunny Ridge — LOCATION (City, town, or county) (State): Crisfield, Md

DATE REC'D BY LOCAL REG. 11/26/51 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Howard A. Covington, Crisfield, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Gandy Lane

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) SIDNEY (Last) HARRIS
4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1951 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 5, 1951
9. AGE last birthday 0 yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John C. Harris
14. MOTHER'S MAIDEN NAME Sadie Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Sadie G. Harris--Gandy Lane Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Starvation — 1 wk

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1951, to Nov. 5, 1951, that I last saw the deceased alive on Nov. 5, 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED Nov. 6, 1951

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Nov. 6, 1951
NAME OF CEMETERY OR CREMATORY Mariners Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 11-6-51
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR H. Harvey Bradshaw, ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 1[illegible]

[illegible] U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princessann
LENGTH OF STAY (in this place) 73 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princessann
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Hayward
4. DATE OF DEATH (Month) Nov (Day) 10 (Year) 1951
5. SEX Fem
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Jan 13 1880
9. AGE last birthday 70 yrs If under 1 year Months 10 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Princessanne Somerset Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John Cannon
14. MOTHER'S MAIDEN NAME Amandie Cottman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Leuvenia Beauchamp Princessann Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| | Immediate cause | (a) Broncho-Pneumonia | 14 days |
| 500X | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Acute Bronchitis | 2 mths |
| 107 | | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15th, 1951, to Nov. 10, 1951, that I last saw the deceased alive on Nov 10th, 1951, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eldre G. Mansman Princess Anne Md 11. 13. 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 14-1951
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Princessann Somerset Md

DATE REC'D BY LOCAL REG. 11/13/51
REGISTRAR'S SIGNATURE R. H. Johnson M.D. Jd.
24. FUNERAL DIRECTOR Charles Howard ADDRESS Marion Sta. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BU... V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11321

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 50yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Rebecca W. (Last) Hearn

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1951

5. SEX: Fe

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 19, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months 8, Days 2, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Fairmount Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William J. Waters

14. MOTHER'S MAIDEN NAME: Myriah Tarway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Hearn, 145 4th St. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 4 yrs

332X Antecedent cause(s)

838 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Nov. 23 1951, that I last saw the deceased alive on Nov. 23, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Nov. 23/1951

23. BURIAL, CREMATION REMOVAL (Specify): Buried; DATE: Nov. 25, 1951; NAME OF CEMETERY ~~OR CREMATORY~~: Asbury; LOCATION (City, town, or county) (State): Crisfield, Somerset Co. Md.

DATE REC'D BY LOCAL REG. H/24/51; REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Charles H. Ward; ADDRESS: Marion Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Little Annamessex River ~~N. Fourth St.~~

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): N. Fourth St.

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) Nov. 11, (Day) 1951 (Year) 19

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 15, 1904
9. AGE last birthday: 47 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Johnson
14. MOTHER'S MAIDEN NAME: Caroline Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Thomas Johnson--Phila., Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowned

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
PLACE OF INJURY (Home, farm, factory, street, mine, aide, etc.): Gimesick Crisfield (CITY OR TOWN) Som (COUNTY) Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work / Not While Work
HOW DID INJURY OCCUR? Drowned

22. I hereby certify that I attended the deceased from Dead when I saw her, 19..., to ....., 19....., that I last saw the deceased alive on ....., 1951, and that death occurred at ..... P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. Houlbourn - Crisfield Md 11/16-51

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: Nov. 17, 1951
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: 11-16-51
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS: H. Harvey Bradshaw, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Paper St.

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) CLARENCE (Last) JONES

4. DATE OF DEATH (Month) Nov. (Day) 28, (Year) 1951 19

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 8, 1886

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY Seafood

11. BIRTHPLACE (State or foreign country) near Westover, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George H. Jones

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-05-4443

17. INFORMANT AND ADDRESS Lelia Jones--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

400.0 17

(c) age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Natural Causes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Was Dead when I saw him, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Cowbourn M D ADDRESS Crisfield Md DATE SIGNED 11-30-51

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF Dec. 2, 1951

NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 12-1-51

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR H. Harvey Bradshaw, Crisfield, Md. ADDRESS

DEC 5 1951

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11327

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH — COUNTY: SOMERSET — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DEAL ISLAND — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DEAL ISLAND - MD
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) JONES
4. DATE OF DEATH: (Month) NOV (Day) 7 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY-25-1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN
10b. KIND OF BUSINESS OR INDUSTRY: SEAFOOD
11. BIRTHPLACE (State or foreign country): MARYLAND-DEAL ISLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SNEAD JONES
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: WIFE- CATHERINE JONES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Haemorrhage | 2 days |
| 331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a | (b) Hypertension | 6 months |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5th, 1951, to Nov 7, 1951, that I last saw the deceased alive on Nov 5th, 1951, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE: Eldon G. Marksman (Degree or title) — ADDRESS: Princess Anne Md — DATE SIGNED: 11.7.51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 11-1951 — NAME OF CEMETERY OR CREMATORY: D Island Colored Cemetery — LOCATION (City, town, or county) (State): Deal Island

DATE REC'D BY LOCAL REG.: 11/18/51 — REGISTRAR'S SIGNATURE: Lola T. Wheatley — 24. FUNERAL DIRECTOR: Leroy G. Webster — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11328

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunset Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Somerset Ave

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) L. (Last) Justice
4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1951

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Sept. 13, 1868
9. AGE last birthday 83 yrs. If under 1 year: Months 2 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Parksley, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Samuel Killmon
14. MOTHER'S MAIDEN NAME Emily Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Maude Justice, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Acute Dil of Hart
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis Chronic Int. Nephritis
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks / years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Fractured hip 3 mos. ago
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to Nov. 25, 1951, that I last saw the deceased alive on Nov. 24, 1951, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Guigle C Cullham MD
ADDRESS Marion - Md.
DATE SIGNED 11-26-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 27, 1951
NAME OF CEMETERY OR CREMATORY Asbury Cem.
LOCATION (City, town, or county) Crisfield, Md (State)

DATE REC'D BY LOCAL REG. 11/26/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Durward S. Covington
ADDRESS Crisfield, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11329

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) West P. O. Rd.

3. NAME OF DECEASED (Type or Print) (First) BERNICE (Middle) - (Last) KREIG
4. DATE OF DEATH (Month) Nov. (Day) 23, (Year) 1951 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan. 1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John S. Lankford
14. MOTHER'S MAIDEN NAME Juliett Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS W. G. Lankford, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 6 days

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

61 (c) Ch. Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1951, to 11/23, 1951, that I last saw the deceased alive on 11/22, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. B. Whaley MD. ADDRESS Princess Anne Md. DATE SIGNED 11/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 26, 1951
NAME OF CEMETERY OR CREMATORY St. Mary's Episcopal
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. 11/26/51
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jd
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 206

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] | LENGTH OF STAY 70 (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] S COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Macon (Middle) Carver (Last) Lloyd

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4, 1951

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Jan. 17, 1881

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Marion, Maryl[illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alpheus Carver

14. MOTHER'S MAIDEN NAME: Elizabeth Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs Edward H[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Dilation Heart - Coma | 12 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Splenomyelogenic leukemia Chronic | 8 yrs. |
| | (c) | |

204.1
74a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] intermittently since 19 43, to Nov. 4, 19 51, that I last saw the deceased alive on Nov. 3, 19 51, and that death occurred at 7 "0A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Guy C Cochran M D | Marion, Md | 11/5/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Nov. 6, 1951 | St. Paul Cemetery | Marion, Maryland

DATE REC'D BY LOCAL REG. 11/5/51 | REGISTRAR'S SIGNATURE Betty Massey | 24. FUNERAL DIRECTOR ADDRESS Lewis R. Wilson

NOV
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Mariners Section

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) I. (Last) MASON

4. DATE OF DEATH (Month) November (Day) 3 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 9 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry F. Swift
14. MOTHER'S MAIDEN NAME Sarah Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Warren Mason - Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Dilation of Heart | 1 wk |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Int. Nephritis - Chronic | |
| | (c) Myocarditis - | Years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary T. B. — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Nov. 3, 1951, that I last saw the deceased alive on Nov. 3, 1951, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jessie C. Coulborn, M.D. ADDRESS Marion, Md DATE SIGNED Nov 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 6, 1951
NAME OF CEMETERY OR CREMATORY Mariners Cemetery
LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. 11/5/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR ADDRESS V. Harvey Bradshaw, Crisfield, Md.

Items 4, 9, FilmG137 12/3/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 269

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton
LENGTH OF STAY (in this place) 86 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Parks

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1951

5. SEX: m
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 27, 1866
9. AGE last birthday: ~~86~~ 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Waterman
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Parks
14. MOTHER'S MAIDEN NAME: Mary Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs Earl Smith Venton md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral vascular accident ~~[illegible]~~ — INTERVAL BETWEEN ONSET AND DEATH: few weeks

331X

Antecedent cause(s) DUE TO (b) arteriosclerosis — years

83a Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Essential Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 1951, to 11/22, 1951, that I last saw the deceased alive on 11/22, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE Robert Collicott (DEGREE OR TITLE) M.D. ADDRESS Princess Anne, DATE SIGNED 11/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov 25 1951
NAME OF CEMETERY OR CREMATORY Arial Cemetery
LOCATION (City, town, or county) Crisfield Md (State)

DATE REC'D BY LOCAL REG. 11-25-57
REGISTRAR'S SIGNATURE Mrs S. Bennett
24. FUNERAL DIRECTOR Lewis R. Walker ADDRESS 911-13 E Princess Anne md

NOV
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 11552 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Veronica (Middle) Annette (Last) Brandus Smith

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1957

5. SEX: female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-2-1951
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 6 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt Vernon Md Somerset County
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen Smith
14. MOTHER'S MAIDEN NAME: Oris Jane Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Allen Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1½ days
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 7 00 P.m., from the causes and on the date stated above.

SIGNATURE Thos. B. Whaley (DEGREE OR TITLE) MD ADDRESS Princess Anne, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-19-57
NAME OF CEMETERY OR CREMATORY St Paul
LOCATION (City, town, or county) Mt Vernon (State) Md

DATE REC'D BY LOCAL REG. 11/20/51
REGISTRAR'S SIGNATURE R. S. Johnson, M.D. G.H.B.
24. FUNERAL DIRECTOR William H. James Jr Pr Anne, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

NMB 11333

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Alabama — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crosby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) C. (Last) SNELL
4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1951
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Oct. 17, 1905
9. AGE last birthday: 46 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood laborer
10b. KIND OF BUSINESS OR INDUSTRY: Crab & Oyster
11. BIRTHPLACE (State or foreign country): Crosby, Alabama
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Snell
14. MOTHER'S MAIDEN NAME: Maggie Annieson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: [redacted] 216-09-2759
17. INFORMANT AND ADDRESS: Mrs. Eula Lawson -- 337 Locust St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Disease
(c)

420.1
940

INTERVAL BETWEEN ONSET AND DEATH

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural
PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.): Hopewell (CITY OR TOWN) Somerset (COUNTY) Md. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 18 1951 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 to Nov 18-51, 19..., that I last saw the deceased alive on ✓, 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE W. H. Coulbourn M.D. (Degree or title) ADDRESS Crisfield DATE SIGNED Nov 19 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 26, 1951 | NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery | LOCATION (City, town, or county) (State): Crisfield Rural, Md.

DATE REC'D BY LOCAL REG. 11/24/51 | REGISTRAR'S SIGNATURE: Bettye W. Tyler

24. FUNERAL DIRECTOR: H. Harvey Bradshaw, Crisfield, Md. ADDRESS

970-408

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 28 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

11334

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Creek Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
STREET ADDRESS (If rural, give location) Johnson Creek, Road

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) James (Last) Sterling
4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 15, 1874
9. AGE last birthday 76 yrs. If under 1 year Months 1 Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Seafood
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME William Carter Sterling
14. MOTHER'S MAIDEN NAME Priscilla Somers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS (Mrs) Mannie Sterling, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Arteriosclerosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Disease

94a (c)

INTERVAL BETWEEN ONSET AND DEATH

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural cause
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead when I 19 , to 19 , that I last saw the deceased alive on Saw here 19 and that death occurred at 6 pm. Suddenly, from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Wm. H. Coulbourn
ADDRESS Crisfield Md
DATE SIGNED Nov 21-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 23, 1951
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REG. 11-23-51
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward S. Covington
ADDRESS Crisfield, Md

912-126

RECEIVED
NOV 26 1951
BUREAU V. S.